

FORM No. SA-1 (Original)

Prescribed by State Board of Accounts

Form SA-1 (1970)

PURCHASE ORDER

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

DATE _____, _____

Purchased from _____
 Address _____
 Purchased for _____
 Deliver to _____
 Send Invoice to _____

To the Disbursing Officer:

The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the
 _____ Fund.

Quantity	Description	Unit	Price		Total
					\$
SAMPLE					
Total This Order					\$

Signed _____

Person Authorized to Purchase

PAYMENT AUTHORIZATION VOUCHER

(Sign and Return with Invoice)

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

Paid by Check

DATE _____, _____

No. _____ Date _____, _____

Purchased from _____

Address _____

Purchased for _____

Deliver to _____

Send Invoice to _____

To the Disbursing Officer:

The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the _____ Fund.

No payment is to be made for this order until this form is properly filed and the items have been received.

Quantity	Description	Unit	Price		Total
					\$
SAMPLE					
Total This Order					\$

Priced O.K. ☐Items Received O.K. ☐Except as noted -- ☐

Signed _____

Claimant

Approved for Payment _____

Sponsor

Date _____, _____

**PURCHASE ORDER AND
PAYMENT AUTHORIZATION VOUCHER
(FILE COPY)**

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

Paid by Check

DATE _____, _____

No. _____ Date _____, _____

Purchased from _____

Address _____

Purchased for _____

Deliver to _____

Send Invoice to _____

To the Disbursing Officer:

The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the _____ Fund.

No payment is to be made for this order until this form is properly filed and the items have been received.

Quantity	Description	Unit	Price	Total
				\$
SAMPLE				
Total This Order				\$

Priced O.K. ☐Items Received O.K. ☐Except as noted -- ☐

Signed _____

Person Authorized to Purchase

Approved for Payment _____

Sponsor

Date _____, _____

Prescribed Form SA 2 (Rev 1970)

CHECK

HRS WORKED	GROSS PAY	FEDERAL WITH. TAX	SOCIAL SECURITY	STATE WITH. TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

PREScribed BY STATE BOARD OF ACCOUNTS FORM No. SA-2 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT
_____ (NAME OF SCHOOL) _____

No. _____

Fund _____
 Purpose _____
 P.O. No. _____
 Claim No. _____
 Invoice No. _____

Pay to the _____
 order of _____

\$ _____

Payable at _____ Dollars
 (Bank) _____

Superintendent or Principal _____ Treasurer _____

SPACE FOR M.I.C.R.

ORIGINAL

HRS WORKED	GROSS PAY	FEDERAL WITH. TAX	SOCIAL SECURITY	STATE WITH. TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

PREScribed BY STATE BOARD OF ACCOUNTS FORM No. SA-2 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT
_____ (NAME OF SCHOOL) _____

No. _____

Fund _____
 Purpose _____
 P.O. No. _____
 Claim No. _____
 Invoice No. _____

Pay to the _____
 order of _____

\$ _____

Payable at _____ Dollars
 (Bank) _____

NON - NEGOTIABLE

SPACE FOR M.I.C.R.

DUPLICATE

**RECEIPT
SCHOOL EXTRA-CURRICULAR ACCOUNT**

_____ SCHOOL

No. _____

_____, IN _____, _____

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM _____ \$ _____

THE SUM OF _____ DOLLARS

FOR DEPOSIT TO THE CREDIT OF _____ FUND

SOURCE _____ (Activity)

TREASURER

ORIGINAL

**RECEIPT
SCHOOL EXTRA-CURRICULAR ACCOUNT**

_____ SCHOOL

No. _____

_____, IN _____, _____

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM _____ \$ _____

THE SUM OF _____ DOLLARS

FOR DEPOSIT TO THE CREDIT OF _____ FUND

SOURCE _____ (Activity)

TREASURER

DUPLICATE

TICKET SALES

SCHOOL _____
 GAME _____
 OTHER _____

TOWN OR CITY _____
DATE _____
ACTIVITY _____

TICKETS						PRICE	TOTAL AMOUNT SALES	
KIND	ISSUED		RETURNED		TICKETS SOLD			
	SERIAL NO.	AMT.	SERIAL NO.	AMT.				
TOTAL								

Made by _____
(Title)

Verified and Approved by _____
(Official or Sponsor)

ORIGINAL

TICKET SALES

SCHOOL _____
 GAME _____
 OTHER _____

TOWN OR CITY _____
DATE _____
ACTIVITY _____

TICKETS							TOTAL AMOUNT SALES	
KIND	ISSUED		RETURNED		TICKETS SOLD	PRICE		
	SERIAL NO.	AMT.	SERIAL NO.	AMT.				
TOTAL								

Made by _____
(Title)

Verified and Approved by _____
(Official or Sponsor)

DUPLICATE

NAME OF FUND	BALANCE BEGINNING OF PERIOD 1	RECEIPTS DURING PERIOD 2	EXPENDITURES 3	BALANCE END OF PERIOD 4
	\$	\$	\$	\$
TOTAL ALL FUNDS	\$	\$	\$	\$

CASH RECONCILEMENT

NAME OF BANK	LOCATION	
DEPOSITORY BALANCE	\$	
CASH ON HAND (ADD)		
TOTAL CASH ON HAND AND IN DEPOSITORY	\$	
TOTAL OF OUTSTANDING CHECKS (DEDUCT)		
BALANCE	\$	

OUTSTANDING CHECKS

_____, ____

DATE	NUMBER	AMOUNT	DATE	NUMBER	AMOUNT
		\$	BROUGHT FORWARD		\$
CARRIED FORWARD		\$	TOTAL		\$

DETAIL OF RECEIPTS AND EXPENDITURES
BY FUNDS

_____ FUND
RECEIPTS

SOURCE OF RECEIPTS	NATURE OF RECEIPTS	AMOUNT	
		\$	
TOTAL RECEIPTS		\$	

NOTE: TOTAL RECEIPTS MUST AGREE WITH RECEIPTS OF THIS FUND AS SHOWN IN COLUMN 2, PAGE 1.

EXPENDITURE

PURPOSE OF EXPENDITURE	AMOUNT	
	\$	
TOTAL EXPENDITURES	\$	

Name of Bank

Location of Bank

BOND OF SCHOOL TREASURER

Name of Surety _____

Amount of Bond \$ 750,000

Date of Expiration APR 15, 2011

CERTIFICATE OF SCHOOL TREASURER/PRINCIPAL

Treasurer

Principal

[illegible]

School Corporation:

1 copy to Board of School Trustees or Board
of School Commissioners

1 copy to Superintendent of Schools

CLAIM FOR PAYMENT

No. _____

SCHOOL EXTRA-CURRICULAR ACCOUNT

Paid by Check

DATE _____, _____

No. _____ Date _____, _____

Purchased from _____

Address _____

Purchased for _____

Delivered to _____

Invoice handed to _____

To the Disbursing Officer:

The following expense is incurred, payable from the School Extra-Curricular Account and chargeable to the _____ Fund.

No payment is to be made for this order until this form is properly filed and the items have been received.

Quantity	Description	Unit	Price	Total
				\$
SAMPLE				
Total This Order				\$

Priced O.K. ☐Items Received O.K. ☐Except as noted -- ☐

Signed _____

Claimant

Approved for Payment _____

Sponsor

Date _____, _____

INVENTORY OF RENTAL TEXTBOOKS

Date _____

Name of School or School Corporation

[illegible]

OFFICIAL RECEIPTS - INDIVIDUAL TEXTBOOK RENTAL LIST

_____, SCHOOL, _____, INDIANA

Receipt _____ 0001

Date_____
Name of Student_____
Grade

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

Quantity	Description - Name - Series - Code	Unit Price	Total Rental Fee	For Use of Issuing Officer
Total Received		\$	\$	

NOTE TO STUDENTS AND PARENTS:

Care should be exercised in the use of rented textbooks in order that all books may be returned at the close of the school term in useable condition. For each textbook lost or returned damaged beyond use, an additional charge may be made as determined by school officials. Items available for classroom use not issued to students shall also be listed. If the volume of transactions for grades with a fixed list of books and materials is great enough to demand it, a copy of the printed list may be attached to the TBR-2 form and the form processed with a reference to such attached list instead of further itemization.

Issuing Officer

SF - 1

School _____

SCHOOL FOOD SERVICE
CERTIFICATION OF MEALS PROVIDED PER HOME RULE

Date _____

[illegible]

I certify that the above named individuals received meals on the dates designated in accordance with written School Board Policy.

Authorized Signature

School

[illegible]

SF-2A

SCHOOL FOOD SERVICE
DAILY RECORD OF MEALS/MILK SERVED

School _____

L I N E No	Date ____	NSLP							AFTER SCHOOL SUP.							SBP							Kindergarten Special Milk			L I N E No
		Number of Meals Served to Students				Paid Adult Meals	SF-1 Other Meals	Total NSLP Meals	Number of Meals Served To Students				Adult Paid Meals	SF-1 Other Meals	Total SUP Meals	Number of Meals Served To Students				Adult Paid Meals	SF-1 Other Meals	Total SBP Meals	Kindergarten Special Milk			
		Paid	Free	Redu.	Total				Paid	Free	Redu.	Total				Paid	Free	Redu.	Total				Paid	Free	Total	
1																										1
2																										2
3																										3
4																										4
5																										5
6																										6
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28																										28
29																										29
30																										30
TOTALS																										31

Date _____ Signature _____

[illegible]

School _____

[illegible]

SF-5

SCHOOL FOOD SERVICE TICKET CONTROL

Type of Ticket

School _____

School Year _____

[illegible]

SCHOOL FOOD SERVICE EQUIPMENT INVENTORY

SCHOOL _____

Date _____

[illegible]

SCHOOL FOOD SERVICE FOOD INVENTORY

School
Date

Beginning Inventory
Ending Inventory

\$ _____

\$ _____

[illegible]

[illegible]